STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910479	R **04/02/2019**
NAME OF PROVIDER OR SUPPLIER **MARYLAND MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **7632 MARYLAND AVENUE** **HUDSON, FL 34667**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A fourth revisit to an 8/22/18 monitoring visit was conducted at Maryland Manor in conjunction with a third revisit to a 10/18/18 complaint (CCR 2018015039 and 2018012792) on 4/2/2019. Maryland Manor had no deficiency at the time of the visit.

(License #7165)